

4/10/23, 10:44 AM

**L23000170830**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305)442-1567  
Fax Number : (305)442-1227

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mfreeman@freemanfla.com

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DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**Health IP LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

2023 APR 10 PM 2:22

DATE  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

HEALTH IP LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 1515 S. Federal Highway  
Suite 102  
Boca Raton, FL 33432

**Mailing Address:** 1515 S. Federal Highway  
Suite 102  
Boca Raton, FL 33432

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**


The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zip code

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature  
(Michael J. Freeman, President)

((((23000133065 3)))

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Authorized Member is as follows:

**Title:**

"AMBR" = Authorized Member

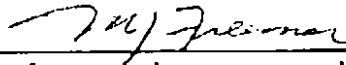
"MGR" =

Manager

**Name and Address:**

Walter Amerise  
1515 S. Federal Highway  
Suite 102  
Boca Raion, FL 33432

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S. 817.155, F.S.)

Michael J. Freeman, authorized representative

Type or print name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)